

# **Student Internship Program U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)**

**Administered by the Oak Ridge Institute for Science and Education**

## **APPLICATION**

Instructions to applicant

1. Submit completed application and attach the following:
  - a. Resume
  - b. Signed Release of Information form
2. Submit two references from persons familiar with your educational and professional qualifications.
3. Have official university transcripts (all schools attended) sent to the Oak Ridge, Tennessee, address below.
4. The complete application and supporting materials will be reproduced for submission to USACHPPM for review.
5. Incomplete applications may not be considered.
6. Additional information may be required if an appointment is offered.
7. Applications are accepted throughout the year.

## **INFORMATION**

Return the completed application and address any correspondence to:

Student Internship Program/USACHPPM  
Education and Training Division  
Oak Ridge Institute for Science and Education  
P.O. Box 117  
Oak Ridge, TN 37831-0117  
ATTN: Cheryl Guthrie (423) 576-8503

For additional information about opportunities at USACHPPM, please contact:

Ms. Diane Lewis  
Oak Ridge Institute for Science & Education  
P.O. Box 53  
Aberdeen Proving Ground, MD 21010-0053  
(410) 671-1596

**U.S DEPARTMENT OF ENERGY  
U.S. ARMY CENTER FOR HEALTH PROMOTION  
AND  
PREVENTIVE MEDICINE**

**STUDENT INTERNSHIP PROGRAM/USACHPPM**

**INSTRUCTIONS TO APPLICANTS**

**ELIGIBILITY REQUIREMENTS**

- A. Current student in good standing in an undergraduate or graduate degree program**
- B. Cumulative grade point average of 2.50 or higher, based on A=4.0**
- C. U.S. citizen**
- D. Be at least 18 years of age**

**APPLICATION INFORMATION**

- 1. Complete all information requested.**
- 2. Sign application.**
- 3. Request official transcripts from ALL colleges or universities attended be forwarded directly to Student Internship Program at the address below.**
- 4. Request two faculty members to complete a Reference Form (forms attached) and mail the form directly to the address below.**
- 5. Mail Application and supporting materials directly to:**

**Student Internship Program/USACHPPM**

**Education and Training Division  
Oak Ridge Institute for Science and Education  
P.O. Box 117  
Oak Ridge, TN 37831-0117**

## Application Form

Academic Status:    ☐ SO    ☐ JR    ☐ SR    ☐ GRAD STUDENT    ☐ PHD

Cumulative GPA: \_\_\_\_\_ Requested Starting Date \_\_\_\_\_

Graduate Date: \_\_\_\_\_ month \_\_\_\_\_ year

1. Name \_\_\_\_\_  
Mr/Ms.Last                      First                      Middle                      Social Security No.

2. Current Address: \_\_\_\_\_  
\_\_\_\_\_  
City                      State                      Zip                      Phone (       )

3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
City                      State                      Zip                      Phone (       )

4. U.S. Citizen:                      ☐ Yes ☐ No

5. Education (begin with current and list ALL colleges and universities attended)

College/University	Dates Attended	Major	Degree Expected

6. Employment Record (begin with current)

Employer	Dates	Position/Rank	Nature of Work

7. Academic Honors or Awards

1. \_\_\_\_\_ 2. \_\_\_\_\_

8. List two professional references who have been asked to transmit recommendations directly to ORAU

1. \_\_\_\_\_ 2. \_\_\_\_\_

9. List members of USACHPPM scientific staff with whom you have had contact

1. \_\_\_\_\_ 2. \_\_\_\_\_

**10. Short description of career goals and objectives (continue on back if necessary)**

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**11. I understand that all information (including transcripts) supplied in support of this application will be transmitted to the EMPP facility.**

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**Signature of Applicant**

**Date**

## Confidential Reference Form

**Applicant** \_\_\_\_\_

**How long and in what association have you know this applicant?**

\_\_\_\_\_

**In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:**

PERSONAL CHARACTERISTICS	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
<i>Motivation Toward a Productive Career</i>						
<i>Growth During Total Period Observed</i>						
<i>Imagination and Originality of Thought</i>						
<i>Emotional Maturity and Stability</i>						
<i>Ability to Work With Others</i>						
<i>Independence and Self-Reliance</i>						
<i>Leadership Potential</i>						

**In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:**

CAPABILITIES	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
<i>Mastery of Fundamentals</i>						
<i>Skill/Originality of Special Projects</i>						
<i>Ability to Communicate (Written/Oral)</i>						

**Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential. Use additional sheets if necessary.**


**Signature** \_\_\_\_\_ **Dept.** \_\_\_\_\_

**Typed/Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Return to:**      **CHERYL GUTHRIE, Student Internship Program/USACHPPM, Education and Training**  
                          **Division, Oak Ridge Institute for Science & Education, P.O. Box 117, Oak Ridge, TN 37831-0117**

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**Typed/Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

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**U.S. ARMY CENTER FOR HEALTH PROMOTION  
AND PREVENTIVE MEDICINE**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

The internship appointment process at the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) is administered by Oak Ridge Institute for Science and Education (ORISE) for Oak Ridge Associated Universities (ORAU) and includes, but is not limited to, the following: completion of USACHPPM application, interviews, reference checks, medical screening, employment and education verification, and as appropriate, a security background check will be initiated and completed as a condition of appointment. Although ORAU administers the program, it in no way conducts the security background checks. The background check is conducted by an appropriate investigative agency. Signing this authorization will facilitate your consideration for possible appointment.

I \_\_\_\_\_ hereby authorize any person, agency, organization, or institution to release to USACHPPM and/or its representative on a confidential basis information USACHPPM may request about me regardless of any agreement I may have made with you previously to the contrary. This information may include, but is not limited to academics, performance evaluation, employment history, attendance, character, credit history, and police records. I hereby release any person, agency organization or institution, including USACHPPM and ORAU, from any and all liability whatsoever resulting from this inquiry. Any information received as a result of the investigation is protected by the Privacy Act of Section 6311 of Title 5 to the U.S. Code. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature.

A photocopy of this authorization that shows my signature shall be deemed an original and shall be accepted as such.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Name Used

\_\_\_\_\_  
Social Security Number

## **Applicant Data**

**Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard.**

**Recognizing the importance of achieving a diverse group of participants, selection will be based on several factors. These criterias include, but are not limited to, disciplinary fields, academic records, recommendations, relevance to USACHPPM's mission, ethnic background, and gender.**

**Providing this information is voluntary. If you decline to give this information, it will in no way affect consideration of your application.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

- Race** \_\_\_\_\_ **Caucasian, not of Hispanic origin (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)**
- \_\_\_\_\_ **African-American (Having origins in any of the Black racial groups of Africa)**
- \_\_\_\_\_ **Hispanic (Of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture of origin, regardless of race)**
- \_\_\_\_\_ **American Indian (Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation of community recognition)**
- \_\_\_\_\_ **Asian or Pacific Islander (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands--for example, India, China, Japan, Korea, Philippine Islands, and Samoa)**

☐ **Male**      ☐ **Female**

**Birth Date** \_\_\_\_\_  
                                    **Month                      Day                      Year**

**Physical/mental handicap (physical or mental impairment that substantially limits one or more major life activities--for example, blindness, deafness, or mobility impairment):**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Other Name(s) Used** \_\_\_\_\_